

## FINANCIAL AFFIDAVIT

IN UNITED STATES

☐ MAGISTRATE☐ DISTRICT☐ APPEALS COURT or☐ OTHER PANEL (Specify below)

IN THE CASE OF

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) ☐ Felony☐ Misdemeanor

- 1 ☐ Defendant—Adult  
 2 ☐ Defendant - Juvenile  
 3 ☐ Appellant  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☐ Other

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
		Name and address of employer: <u>N/A</u>	
		IF YES, how much do you earn per month? \$ <u>N/A</u>	IF NO, give month and year of last employment <u>June, '00</u> How much did you earn per month? \$ <u>2,000</u>
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>NOT MARRIED</u>	
		IF YES, how much does your Spouse earn per month? \$ <u>N/A</u>	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ <u>N/A</u>
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED \$ <u>N/A</u>	SOURCES
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE \$ <u>N/A</u>	DESCRIPTION
DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
	<input checked="" type="checkbox"/> SINGLE		<u>N/A</u>
	<input type="checkbox"/> MARRIED		
	<input type="checkbox"/> WIDOWED		
	<input type="checkbox"/> SEPARATED OR DIVORCED		
OBLIGATIONS & DEBTS	APARTMENT OR HOME:	Creditors	Total Debt
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)		Monthly Paymt.

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

AUGUST 5, 2004SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)Juan Medrano